



Ensuring a sustainable supply of pharmacy graduates

Response to the proposals for consultation (first stage)

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PSNC promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. Our goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

PSNC is pleased to be able to comment on the HEFCE/HEE consultation on ensuring a sustainable supply of pharmacy graduates. PSNC agrees that there is a need to provide sustainable high quality pharmacy services and to do this a good balanced supply of motivated and well trained pharmacists are required now and in the future. We do not usually respond to consultations on education as it is not our core role; however PSNC currently negotiates the sum for pre-registration training. Community pharmacy contractors should be seen as part of the educational process and provision of a competent and sustainable pharmacist workforce, and should be funded for this function.

We would also like to raise a concern that the Modernising Pharmacy Careers' proposals for a five year integrated degree, including pre-registration training, in England are not reflected in all of the options.

Contact details

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OPTION 1

Allowing the market to determine outcomes

Question 1: What would be the impact of this approach upon patients, students, employers, universities and other stakeholders? Please address each in turn.

Employers: Without knowledge of the predictive modelling used it is difficult to determine the best option to provide a good supply of pharmacy graduates. The fallow year (in 2000 when the change from three to four year degree courses led to no graduates from pharmacy schools in England) showed the effect of undersupply, when pharmacists mainly from the EU were recruited to fill vacant positions. Currently there is an oversupply which is likely to increase, which whilst initially seeming attractive to employers as they would be able to select the best candidates from a pool of people seeking employment, and keep pay rates low, eventually however the increased competition for places and potential lack of career prospects in the future would make the pharmacy course less appealing to students. We would expect both the quality and numbers of UK students applying to study pharmacy to decline.

Patients: These are unlikely to be aware immediately of any changes and as long as good services are available there will be no impact on service users whether they are patients or customers, for example by using preventative health and wellbeing services. However a decline in the attractiveness of pharmacy as a qualification could be expected to have an adverse impact on the development of pharmacy services.

Question 2: What additional information could be provided to prospective students about the opportunities for completing registration as a pharmacist, and how could current information channels be improved?

The effective curb on the number of pharmacy graduates is the number of pre-registration training placements irrespective of the number of students that enter the pharmacy degree course; and a large increase in the number of students will result in some students not obtaining placements. Community pharmacy provides the majority of pre-registration training now. Whilst it is unknown how the MPC proposals will affect the number of students entering the degree course and how the pre-registration places will be allotted, it is inevitable that most practical training will need to be provided in community pharmacies. At present students entering a pharmacy degree course have an expectation that if they complete the course successfully they will be able to proceed to qualify. Any changes that affect this expectation must be made clear to future students.

We recognise that full market forces over time will have the effect of weakening the profession and decreasing the calibre of students and therefore **Option 1 is not preferred by PSNC.**

OPTION 2

Introducing an intake control at each institution for entrants to pharmacy programmes

Question 3: What would be the impact of this approach upon patients, students, employers, universities and other stakeholders? Please address each in turn.

Patients: Some form of regulation, which maintains an adequate supply of pharmacists entering the profession, and rewards motivated clinicians appropriately will ultimately enhance the quality of services patients receive. Too few pharmacists will lead to a situation similar to the 'fallow' year and too great a number will lead to large unemployment which will disincentivise high calibre individuals from joining.

Employers: As long as the balance between supply and demand could be accurately assessed and a shortfall prevented, then this would appear to be the most sensible option and would bring pharmacy into line with approaches taken for the career paths for doctors and dentists. We do not support too close managing of supply against predicted demand; it is unhelpful to have no competition for employment; there is a need to incentivise pharmacists to use their skills most effectively, by having some competition for work. This helps to provide a professional environment that can drive provision of high quality services by well-motivated pharmacists, and this will help ensure that pharmacists and their teams seek to offer high standards of care for patients.

Students: these will have confidence that if they are good, they will be accepted onto an undergraduate programme, and that maintaining standards throughout their university life, they will be able to obtain a pre-registration placement and go on to find rewarding professional employment.

Universities: This is outside our area of expertise, but we would expect large changes to cause destabilisation in terms of staffing levels. We would also like to raise the following query what level of competition helps ensure the best quality and innovation in pharmacy schools?

Question 4: Who should set the intake control limits, overall and for individual universities, and what criteria should they use?

If controls are to be set, then overall numbers should be set by HEFCE and HEE. But we query the impact if schools of pharmacy do not need to compete to attract the best students.

Question 5: Should international students be included in the intake control?

International students who intend to register and work in this country should be included, whilst those who intend to work elsewhere should not. The practicality of obtaining and monitoring this information will need to be considered. We are additionally aware that visa requirements exist, which may alter an international student's intention.

Restricting entry at the beginning of the degree course, whether four or five years (**Option 2**) is our favoured option. However we are concerned that this must be carefully managed to balance supply and demand, as a tight cap may generate problems by reducing the workforce to a greater extent than that needed for the provision of a competent pharmacist workforce.

OPTION 3

Creating a break-point during study which restricts the numbers of students going on to qualify as registered pharmacists

Question 6: What would be the impact of this approach upon patients, students, employers, universities and other stakeholders? Please address each in turn.

Employers: A sustainable number of pharmacy graduates is important for the supply of high quality pharmacy services and to take into account any increased number of services in the future. A change from the current system to recruit so many people into a course that new entrants know that a significant percentage of them will be unable to proceed to qualification amounts to such a fundamental change that it could have a significant adverse impact on quality of applicants.

Students: Whilst no doubt those unable to qualify might have pharmacy-related careers, say as pharmacy technicians, we would be concerned about the action needed to ensure allocation of places to qualify as a pharmacist. This could not be a crude measure – such as only the top 60% of students in a year, as that would be irrational. We are not aware that there is any similar restriction in other professional qualifications. Students need to know what degree they are studying for and to be able to plan a career path, particularly since the end user is the NHS. What evidence is there to show that students want this option?

Patients: as option 1

Universities: no comment

Question 7: At what point in the current curriculum would it be possible to make such a break?

Surely it would depend on the qualification obtained at the break point? Currently a potential break point exists between the Master of pharmacy degree and pre-registration training, and the small numbers of students leaving then would indicate that it is not routinely used.

Question 8: Is a formal progression control mechanism (such as a test or exam) required, and if so, what form should this take?

As this is not an option favoured by PSNC, we have no comment.

Option 3 is not favoured by PSNC as it will produce a workforce for which there is as yet no defined role, and could potentially produce instability and fluctuations of quality in the workforce market year on year.

Overarching questions

Question 9: What contributions could curriculum reform make to managing of a sustainable supply of graduates?

Question 10: What approaches could be taken to accommodating international fee-paying students in each of the options above, which could be delivered by the available capacity to train within the NHS?

Question 11: What impact will each of the options outlined above have on ensuring that local health inequalities and labour market conditions are addressed as well as the national picture?

Question 12: How feasible is it to introduce any one or a combination of the options for 2015-16? What other timescales could we work towards?

We have no comment on the above.

Question 13: Which of the three proposed options, or what combination of them, would you prefer, and why?

Restricting entry at the beginning of the degree course, whether four or five years (**Option 2**) is our favoured option. However we are concerned that this must be carefully managed to balance supply and demand, as a tight cap may generate problems by reducing the workforce to a greater extent than needed for the provision of a competent pharmacist workforce.

We recognise that full market forces over time will have the effect of weakening the profession and decreasing the calibre of students and therefore **Option 1 is not preferred by PSNC.**

Option 3 is not favoured by PSNC as it will produce a workforce for which there is as yet no defined role, and could potentially produce instability and fluctuations of quality in the workforce market year on year.

Question 14: Are there other options that could be implemented?

No comment

Question 15: Are there any other points relating to this consultation that you would like to raise?

How do these proposals fit with the proposals to change the undergraduate training to include the pre-registration year as consulted through MPC?